

# **EXHIBIT AA**

# Estate of Howard Katzman

# VCF Documentation



September 11th  
Victim Compensation Fund

April 12, 2017

HILARY KATZMAN  
[REDACTED]  
[REDACTED]

Dear HILARY KATZMAN:

The September 11th Victim Compensation Fund ("VCF") has reviewed your Eligibility Form. Your claim number is VCF0080027. Your Eligibility Form was determined to be substantially complete on April 11, 2017. As stated in the regulations and on the claim form, by filing a substantially complete Eligibility Form you have waived your right to file or be a party to a September 11th-related lawsuit.

### **The Decision on your Claim**

The VCF has determined that you meet the eligibility criteria established in the statute and regulations. Based on the information you submitted and information the VCF has received from the World Trade Center ("WTC") Health Program, you have been found eligible for the following injuries:

- ASTHMA, UNSPECIFIED, UNSPECIFIED STATUS
- CHRONIC AIRWAY OBSTRUCTION NEC
- ESOPHAGEAL REFLUX
- UNSPECIFIED SINUSITIS

Please note that there are several reasons why an injury that you think should be eligible is not listed above. For non-traumatic injuries, the name of the injury is based on the information provided by the WTC Health Program and there may be different names for the same injury. Additionally, your injury may not be listed if it was only recently certified for treatment by the WTC Health Program.

If in the future the WTC Health Program should notify you that a condition previously found eligible is no longer certified, you must inform the VCF as this may affect your eligibility status and/or the amount of your award.

### **What Happens Next**

**If you have been certified for treatment by the WTC Health Program for a condition not listed above**, you should amend your claim. Please see the VCF website for details on how to amend your claim. The VCF will review the new information and determine if it provides the basis for a revised decision.

**If you believe you have eligible injuries that are not being treated by the WTC Health Program** and you would like the VCF to consider those injuries before calculating your award,



September 11th  
Victim Compensation Fund

---

you should amend your claim. If you choose to amend your claim, making an appointment with the WTC Health Program and seeking certification for your condition is the best way to get the necessary evidence that you have an eligible condition for purpose of obtaining compensation from the VCF.

**If you do not have injuries other than those listed above**, you should submit your Compensation Form and required supporting materials. If you have already submitted your Compensation Form, you do not need to take any action at this time unless you receive a request from the VCF for missing information. The VCF will calculate the amount of any compensation based on the conditions listed above after all compensation-related documents are submitted.

If you have questions about the information in this letter or the claims process in general, please call our toll-free Helpline at 1-855-885-1555. For the hearing impaired, please call 1-855-885-1558 (TDD). If you are calling from outside the United States, please call 1-202-514-1100.

Sincerely,

Rupa Bhattacharyya  
Special Master  
September 11th Victim Compensation Fund

cc: WENDELL TONG



September 11th  
Victim Compensation Fund

November 6, 2020

HILLARY KATZMAN  
[REDACTED]  
[REDACTED]

**Re: CLAIM NUMBER: VCF0080027**

Dear HILLARY KATZMAN:

The September 11th Victim Compensation Fund ("VCF") sent you a letter on October 12, 2017 notifying you of the award determination on your claim.

You then amended your claim to request additional losses. The VCF has considered your amended claim and reviewed the new information you provided. This letter sets forth the revised award and supersedes and replaces all previous letters.

After reviewing the responses in your claim form, the documents you submitted in support of your claim, and information from third-party entities, the VCF has calculated the amount of your award as [REDACTED]. This determination is in accordance with the requirements of the Never Forget the Heroes: James Zadroga, Ray Pfeifer, and Luis Alvarez Permanent Authorization of the September 11th Victim Compensation Fund Act ("VCF Permanent Authorization Act"). The enclosed "Award Detail" includes a detailed explanation of the calculation and a list of the eligible conditions that were considered when calculating your award.

Compensation for pension loss was not awarded, as your husband's exposure was not a result of volunteering on or after 9/11/01 with the NYPD. Personal injury replacement services were not awarded as specific medical documentation showing that Mr. Katzman was unable to perform household services due to his VCF-eligible conditions was not provided. Additional non-economic loss was not awarded as specific medical records in support were not provided.

No non-routine legal service expenses are approved for reimbursement for this claim.

As the Personal Representative, you are required to distribute any payment received from the VCF on behalf of the victim to the eligible survivors or other recipients in accordance with the applicable state law or any applicable ruling made by a court of competent jurisdiction or as provided by the Special Master.

**What Happens Next**

You have already received a payment of [REDACTED]. You are now entitled to an additional payment of [REDACTED]. This amount is equal to the difference between your revised total award and the amount that has already been paid on your claim.

The VCF will deem this award to be final and will begin processing the full payment on your



September 11th  
Victim Compensation Fund

claim unless you complete and return the enclosed Compensation Appeal Request Form within **30 days from the date of this letter** as explained below. If you do not appeal, the Special Master will authorize the payment on your claim within 20 days of the end of the 30-day appeal period. Once the Special Master has authorized the payment, it may take up to three weeks for the United States Treasury to disburse the money into the bank account designated on the VCF ACH Payment Information Form or other payment authorization document you submitted to the VCF.

- **Appealing the Award:** You may request a hearing before the Special Master or her designee if you believe the amount of your award was erroneously calculated, or if you believe you can demonstrate extraordinary circumstances indicating that the calculation does not adequately address your loss. **If you choose to appeal, your payment will not be processed until your hearing has been held and a decision has been rendered on your appeal.**

To appeal the award, you must complete two steps by the required deadlines:

1. Complete and return the enclosed **Compensation Appeal Request Form** within **30 days from the date of this letter**. Follow the instructions on the form and upload it to your claim or mail it to the VCF by the required deadline. If you do not submit your completed Compensation Appeal Request Form within 30 days of the date of this letter, *you will have waived your right to an appeal* and the VCF will begin processing any payment due on your claim.
2. Complete and submit your **Compensation Appeal Package** (Pre-Hearing Questionnaire, Compensation Explanation of Appeal, and all applicable supporting documents) no later than **60 days from the date of this letter**. It is important that you carefully review the information enclosed with this letter and follow the instructions if you intend to appeal your award. Additional instructions on the appeals process can be found on the VCF website under "Frequently Asked Questions" and in the Policies and Procedures available under "Forms and Resources."

Once your complete Compensation Appeal Package is submitted, the VCF will review the information to confirm you have a valid appeal, and will notify you of the next steps specific to your appeal and the scheduling of your hearing.

- **Notifying the VCF of new Collateral Source Payments:** You must inform the VCF of any new collateral source payments you receive, or become entitled to receive, such as a change to your disability or survivor benefits, as this may change the amount of your award. If you notify the VCF within 90 days of learning of the new collateral source payment, your award will not be adjusted to reflect the new entitlement or payment. If you notify the VCF more than 90 days after learning of the new or revised entitlement or payment, the VCF may adjust your award to reflect the new payment as an offset, which may result in a lower award. If you need to notify the VCF of a new collateral source payment, please complete the "Collateral Offset Update Form" found under "Forms and Resources" on the [www.vcf.gov](http://www.vcf.gov) website.



September 11th  
Victim Compensation Fund

Your award was calculated using our published regulations, and I believe it is fair and reasonable under the requirements of the VCF Permanent Authorization Act. As always, I emphasize that no amount of money can alleviate the losses suffered on September 11, 2001.

If you have any questions, please call our toll-free Helpline at 1-855-885-1555. Please have your claim number ready when you call: **VCF0080027**. For the hearing impaired, please call 1-855-885-1558 (TDD). If you are calling from outside the United States, please call 1-202-514-1100.

Sincerely,

Rupa Bhattacharyya  
Special Master  
September 11th Victim Compensation Fund

cc: WENDELL TONG





September 11th  
Victim Compensation Fund

## Award Detail

Claim Number: VCF0080027  
Decedent Name: HOWARD KATZMAN

PERSONAL INJURY CLAIM (Losses up to Date of Death)	
<b>Lost Earnings and Benefits</b>	
Loss of Earnings including Benefits and Pension	\$0.00
Mitigating or Residual Earnings	\$0.00
<b>Total Lost Earnings and Benefits</b>	<b>\$0.00</b>
<b>Offsets Applicable to Lost Earnings and Benefits</b>	
Disability Pension	\$0.00
Social Security Disability Benefits	\$0.00
Workers Compensation Disability Benefits	\$0.00
Disability Insurance	\$0.00
Other Offsets related to Earnings	\$0.00
<b>Total Offsets Applicable to Lost Earnings</b>	<b>\$0.00</b>
<b>Total Lost Earnings and Benefits Awarded</b>	<b>\$0.00</b>
<b>Other Economic Losses</b>	
Medical Expense Loss	\$0.00
Replacement Services	\$0.00
<b>Total Other Economic Losses</b>	<b>\$0.00</b>
<b>Total Economic Loss</b>	<b>\$0.00</b>
<b>Total Non-Economic Loss</b>	
<b>Subtotal Award for Personal Injury Claim</b>	



September 11th  
Victim Compensation Fund

<b>DECEASED CLAIM (Losses from Date of Death)</b>	
<b>Loss of Earnings including Benefits and Pension</b>	
<b>Offsets Applicable to Lost Earnings and Benefits</b>	
Survivor Pension	
SSA Survivor Benefits	
Worker's Compensation Death Benefits	
Other Offsets related to Earnings	
<b>Total Offsets Applicable to Loss of Earnings and Benefits</b>	
<b>Total Lost Earnings and Benefits Awarded</b>	<b>\$0.00</b>
<b>Other Economic Losses</b>	
Replacement Services	
Burial Costs	
<b>Total Other Economic Losses</b>	
<b>Total Economic Loss</b>	
<b>Non-Economic Loss</b>	
Non-Economic Loss - Decedent	
Non-Economic Loss - Spouse/Dependent(s)	
<b>Total Non-Economic Loss</b>	
<b>Additional Offsets</b>	
Social Security Death Benefits	
Life Insurance	\$0.00
Other Offsets	\$0.00
<b>Total Additional Offsets</b>	
<b>Subtotal Award for Deceased Claim</b>	



September 11th  
Victim Compensation Fund

<b>Subtotal of Personal Injury and Deceased Claims</b>	
PSOB Offset	\$0.00
Prior Lawsuit Settlement Offset	\$0.00
<b>TOTAL AWARD</b>	
<b>Factors Underlying Economic Loss Calculation</b>	
Annual Earnings Basis (without benefits)	
Percentage of Disability attributed to Eligible Conditions - applicable to Personal Injury losses	
Start Date of Loss of Earnings Due to Disability - applicable to Personal Injury losses	

<b>Eligible Conditions Considered in Award</b>
Asthma, Unspecified, Unspecified Status
Chronic Airway Obstruction Nec
Esophageal Reflux
Unspecified Sinusitis

THIS DOCUMENT HAS A LIGHT BACKGROUND. IF YOU ARE HAVING DIFFICULTY READING IT, PLEASE HOLD IT TO LIGHT TO VERIFY FLORIDA WATERMARK.

## OFFICE of VITAL STATISTICS

## CERTIFICATION OF DEATH

STATE FILE NUMBER: 2014067966

DATE ISSUED: May 15, 2014

## DECEDENT INFORMATION

STATE FILE DATE: May 14, 2014

NAME: HOWARD KATZMAN

DATE OF DEATH: April 27, 2014

SEX: MALE

SSN: [REDACTED]

AGE: 079 YEARS

DATE OF BIRTH: [REDACTED]

BIRTHPLACE: BROOKLYN, NEW YORK, UNITED STATES

PLACE OF DEATH: INPATIENT

FACILITY NAME OR STREET ADDRESS: DELRAY MEDICAL CENTER

LOCATION OF DEATH: DELRAY BEACH, PALM BEACH COUNTY, 33484

## SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

MARITAL STATUS: MARRIED

SPOUSE (IF FEMALE, MAIDEN NAME): HILLARY SMITH

RESIDENCE: [REDACTED]

COUNTY: [REDACTED]

OCCUPATION, INDUSTRY: NYC POLICE OFFICER, LAW ENFORCEMENT

RACE: ☒ White ☐ Black or African American ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Native Hawaiian ☐ Japanese ☐ Korean  
☐ American Indian or Alaskan Native--Tribe: ☐ Vietnamese ☐ Other Asian:  
☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Isl: ☐ Other: ☐ Unknown

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED EVER IN U.S. ARMED FORCES? YES

## PARENTS AND INFORMANT INFORMATION

FATHER: IRVING KATZMAN

MOTHER: BETTY VALL

INFORMANT: HILLARY KATZMAN

RELATIONSHIP TO DECEDENT: WIFE

INFORMANT'S ADDRESS: [REDACTED]

## PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION: STAR OF DAVID MEMORIAL GARDENS  
NORTH LAUDERDALE, FLORIDA

METHOD OF DISPOSITION: ENTOMBMENT

FUNERAL DIRECTOR/LICENSE NUMBER: JASON GROSSBERG, F043257

FUNERAL FACILITY: STAR OF DAVID MEMORIAL GARDENS CEMETERY & FUNERAL CHAPEL F040593  
7701 BAILEY ROAD, NORTH LAUDERDALE, FLORIDA 33068

## CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 hr): 1858

CERTIFIER'S NAME: LEOR JOSEPH SKOCZYLAS

CERTIFIER'S LICENSE NUMBER: ME93589

NAME OF ATTENDING PHYSICIAN (If other than Certifier): NOT APPLICABLE

## CAUSE OF DEATH AND INJURY INFORMATION

MANNER OF DEATH: NOT STATED

CAUSE OF DEATH - PART I - and Approximate Interval: Onset to Death:

a ACUTE RESPIRATORY FAILURE

3 HOURS

b ACUTE EXACERBATION OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE

4 DAYS

c CHRONIC BRONCHITIS

13 YEARS

d

PART II - Other significant conditions contributing to death but not resulting in the underlying cause given in PART I:

AUTOPSY PERFORMED? UNKNOWN

AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? UNKNOWN

DATE OF SURGERY:

DID TOBACCO USE CONTRIBUTE TO DEATH? NO

REASON FOR SURGERY:

IF FEMALE, NOT APPLICABLE

DATE OF INJURY: NOT APPLICABLE

TIME OF INJURY (24 hr):

INJURY AT WORK?

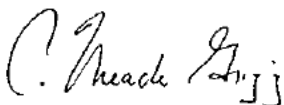
LOCATION OF INJURY:

DESCRIBE HOW INJURY OCCURRED:

PLACE OF INJURY:

IF TRANSPORTATION INJURY, Status of Decedent:

Type of Vehicle:



, State Registrar

REQ: 2014881266

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

## WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THIS DOCUMENT WILL NOT PRODUCE A COLOR COPY.



\* 3 9 0 6 2 5 5 2 \*

DH FORM 1947 (11/11)

CERTIFICATION OF VITAL RECORD



VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

# Family Member Affidavits

Hillary Katzman

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

-----X

In Re:

# TERRORIST ATTACKS ON SEPTEMBER 11, 2001

03-MDL-1570 (GBD)(SN)

-----X  
RAYMOND ALEXANDER, et al.,

## **AFFIDAVIT OF HILLARY KATZMAN**

Plaintiffs,

21-CV-03505 (GBD)(SN)

V.

ISLAMIC REPUBLIC OF IRAN,

Defendant.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 1001 1002 1003 1004 1005 1006 1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1020 1021 1022 1023 1024 1025 1026 1027 1028 1029 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 104

STATE OF FLORIDA )  
 : SS  
COUNTY OF PALM BEACH )

HILLARY KATZMAN, being duly sworn, deposes and says:

1. I am a plaintiff in the within action, am over 18 years of age, and reside at

2. I am currently 76 years old, having been born on [REDACTED]

3. I am the wife of Decedent, Howard Katzman, upon whose death my claims are based. I submit this Affidavit in support of the present motion for a default money judgment for the claim made on behalf of my husband's estate and for my solatium claim. On May 26, 2014, I was issued Letters of Administration as Administrator of my husband's estate by the Circuit Court for Palm Beach County.

4. My husband passed away from Chronic Bronchitis and COPD on April 27, 2014, at the age of 79. It was medically determined that these illnesses were causally connected to his exposure to the toxins resulting from the September 11, 2001, terrorist attacks at the World Trade Center.



5. Howard was my husband of 28 years. We spent our time being together, socializing with others, and traveling. Howard was a retired veteran of the New York City Police Department. He served as an officer of the NYPD for 20 years.

6. At the time of September 11, 2001, my husband and I lived at 385 South End Avenue. After the attacks, we lived in a hotel but would return to our apartment at 385 South End Avenue after three months. We would continue to live there for 9 months, breathing the air that we now know was toxic.

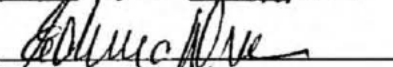
7. Howard started becoming sick only a few months after September 11, 2001. He was diagnosed with asthma, then chronic bronchitis, and subsequently COPD. He was put on medication, but he would have increased difficulty breathing. Eventually, it became difficult for him to do the most basic things such as walking. We had to move to a one-level residence because he eventually became unable to walk up steps. I often wheeled him in a wheelchair and purchased an electric scooter so he could have some independence. He was on oxygen every night and had to take three nebulizer treatments daily.

8. After his passing, I no longer had my best friend to love and share life with. Managing my finances became difficult because I lost his pension, his annuity, and his social security. I didn't have family to support me after his death. I felt completely alone. The attacks on September 11, 2001 took away the last twelve years of my husband's life and deprived me of his companionship.

  
HILLARY KATZMAN

Sworn before me this

2<sup>nd</sup> day of October 2023

  
Notary public

